

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035572

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251 Primary Registration District No. Registrar's No. 244

FILED OCT 15 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Nodaway				a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hopkins		Length of stay in 1b 2 years		c. CITY OR TOWN Hopkins		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 miles east		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First HAZEL		Middle LORRAINE		Last SWANEY		Month 10 Day 8 Year 62	
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/23/33	
9. AGE (last birthday) 29		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Bedford, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Cecil Hayes		13b. MOTHER'S MAIDEN NAME Reatha Hunter		14. NAME OF HUSBAND OR WIFE Doyle Swaney,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Doyle Swaney, Hopkins, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <i>Puncture wound of chest</i>				<i>Instant</i>			
DUE TO (b) <i>Bullet (22 caliber)</i>				<i>Instant</i>			
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Self-inflicted chest wound</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		<i>left side with 22 caliber revolver</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Hopkins</i>		COUNTY Nodaway STATE Missouri	
21. I attended the deceased from 11:00 A. to 10/8/62 and last saw her alive on				Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. Z. Byland</i>		(Degree or title) M. D.		22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 10/11/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/11/62		23c. NAME OF CEMETERY OR CREMATORY Hopkins		23d. LOCATION (City, town, or county) (State) Hopkins, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-11-62		26. REGISTRAR'S SIGNATURE <i>Bess</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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MAY 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed GT Herrick

Licensed Embalmer No. 5188

P. O. Address Manville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.